

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10535225

Filing Date

Applicant(s) **Ted Marchildon**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		7		1		
9		5		1		
10		7		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19	1		1			
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50						
Total Indep.	3		3		0	
Total Depend	32	↙	16	↙	0	↙
Total Claims	35		19		0	

	Indep	Depend	Indep	Depend	Indep	Depend
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